

REPLY EXHIBIT 19

Squad List Report

Report Date: 7/20/2022

Academic Year: 2021-2022

Institution: University of San Francisco

Sport: Men's Baseball

City/State: San Francisco, CA

Maximum Equivalency Grants Permitted: 27.00

Maximum HeadCount Grants Permitted : 0.00

First Contest of the CHAMPIONSHIP Segment:

First Contest of the NONCHAMPIONSHIP Segment:

Name	F	S	Eligible to compete	Status of Student				Financial Aid				Countable Players			Change in Status		Revenue Dist Dedu			
				Any Institution	Your Institution	No. of Years financial aid	No. seasons used	Recruited per NCAA Bylaw 13.02.14.1	Recruited per NCAA Bylaw 15.02.8	Period of Award	Amount of Athletics Grant	Amount of Other Countable Aid	Total Countable Aid	Exempt	Full Grant amount	Initial	Overall	Equivalent award	Reason	Date
[REDACTED]	Y	Y	F-21	F-21	0	0	No	Yes	N/A	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]			0		0.00	
[REDACTED]	Y	Y	F-19	F-19	2	1	No	No	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		X	0.25		0.25	
[REDACTED]	Y	Y	F-21	F-21	0	1	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		X	0.25		0.25	
[REDACTED]	Y	Y	F-17	F-20	0	1	No	No	N/A	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]			0		0.00	
[REDACTED]	Y	Y	F-20	F-20	1	1	No	No	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		X	0.36		0.36	
[REDACTED]	Y	N	F	F	0	0	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		X	0.13	Q	10/25/2021	0.13
[REDACTED]	Y	Y	F-21	F-21	0	0	No	Yes	N/A	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]			0		0.00	
[REDACTED]	Y	Y	F-21	F-21	0	1	No	No	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		X	0.40	A	TBP	0.40
[REDACTED]	Y	Y	F-21	F-21	0	3	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		X	0.25			0.25
[REDACTED]	Y	Y	F-21	F-21	0	0	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		X	0.70			0.70

Name	F	S	Eligible to compete	Any Institution	Your Institution	Status of Student		Financial Aid		Countable Players		Change in Status		Revenue Dist Date						
						Term First Enrolled		No. of Years financial aid	No. seasons used	Recruited per NCAA Bylaw 13.02.14.1	Recruited per NCAA Bylaw 15.02.8	Period of Award	Amount of Athletics Grant	Amount of Other Countable Aid	Total Countable Aid	Exempt	Full Grant amount	Initial	Overall	Equivalent award
[REDACTED]	Y	Y	F-20	F-20	1	1	No	No	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]	X	0.25			0.25
[REDACTED]	Y	N	F	F	0	0	No	Yes	N/A	[REDACTED]	[REDACTED]	[REDACTED]	Yes	[REDACTED]	[REDACTED]		0.00	Q	10/18/2021	0.00
[REDACTED]	Y	Y	F-17	F-19	2	3	No	No	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]		X	0.74		0.74
[REDACTED]	Y	Y	F-21	F-21	0	2	No	No	N/A	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]		0	A	TBD	0.00
[REDACTED]	Y	Y	F-21	F-21	0	0	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]		X	0.25		0.25
[REDACTED]	Y	Y	F-21	F-21	0	3	No	No	N/A	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]		0	A	TBD	0.00
[REDACTED]	Y	Y	F-18	F-18	3	2	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]		X	0.25		0.25
[REDACTED]	Y	Y	F-19	F-21	0	0	No	Yes	N/A	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]		0			0.00
[REDACTED]	Y	Y	F-19	F-21	0	1	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]		X	0.25		0.25
[REDACTED]	Y	Y	F-20	F-20	1	0	No	No	N/A	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]		0			0.00
[REDACTED]	Y	Y	F-21	F-21	0	2	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]		X	0.25		0.25
[REDACTED]	Y	Y	F-20	F-20	1	1	No	No	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]		X	0.25		0.25
[REDACTED]	Y	Y	F-20	F-20	1	1	No	No	FY	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	[REDACTED]		X	0.50		0.50

Name	F	S	Eligible to compete	Any Institution	Your Institution	Status of Student		Financial Aid		Countable Players		Change in Status		Revenue Dist Date							
						Term First Enrolled	No. of Years financial aid	No. seasons used	Recruited per NCAA Bylaw 13.02.14.1	Recruited per NCAA Bylaw 15.02.8	Period of Award	Amount of Athletics Grant	Amount of Other Countable Aid	Total Countable Aid	Exempt	Full Grant amount	Initial	Overall	Equivalent award	Reason	Date
[REDACTED]	Y	Y	F-21	F-21	0	0	No	Yes	FY	[REDACTED]	0.00	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.60			0.60
[REDACTED]	Y	Y	F-17	F-17	4	2	Yes	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.25			0.25
[REDACTED]a	Y	Y	S-19	F-21	0	2	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.25			0.25
[REDACTED]	Y	Y	F-21	F-21	0	2	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.25			0.25
[REDACTED]	Y	Y	F-21	F-21	0	0	No	Yes	N/A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		0			0.00
[REDACTED]	Y	Y	F-19	F-19	2	1	No	No	N/A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		0			0.00
[REDACTED]	Y	Y	F-19	F-19	2	1	No	No	N/A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		0			0.00
[REDACTED]	Y	Y	F-18	F-18	3	1	No	Yes	N/A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		0			0.00
[REDACTED]	Y	Y	F-21	F-21	0	0	No	Yes	N/A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		0			0.00
[REDACTED]	Y	Y	F-20	F-20	1	0	No	No	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.55			0.55
[REDACTED]	Y	Y	F-20	F-20	1	1	No	No	N/A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		0			0.00
[REDACTED]	Y	Y	F-16	F-16	4	3	Yes	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.41			0.41
[REDACTED]	Y	Y	F-21	F-21	0	0	No	Yes	N/A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]		0			0.00

Name	F	S	Eligible to compete	Term First Enrolled	Status of Student		Financial Aid		Countable Players			Change in Status		Revenue Dist Data						
					Any Institution	Your Institution	No. of Years financial aid	No. seasons used	Recruited per NCAA Bylaw 13.02.14.1	Recruited per NCAA Bylaw 15.02.8	Period of Award	Amount of Athletics Grant	Amount of Other Countable Aid	Total Countable Aid	Exempt	Initial	Overall	Equivalent award	Reason	Date
[REDACTED]	Y	Y	F-18	F-21	0	0	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.50			0.50
[REDACTED]	Y	Y	F-21	F-21	0	0	No	Yes	N/A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	0	C	2024/2025	0.00	
[REDACTED]	Y	Y	F-21	F-21	0	0	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.47			0.47
[REDACTED]	Y	Y	F-18	F-20	1	2	No	No	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.25			0.25
[REDACTED]	Y	Y	F-20	F-20	1	1	No	No	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.40			0.40
[REDACTED]	Y	Y	F-16	F-20	1	3	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.40			0.40
[REDACTED]	Y	Y	F-17	F-18	3	3	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.39			0.39
[REDACTED]	Y	Y	F-13	F-18	3	1	No	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.25			0.25
[REDACTED]	Y	Y	F-21	F-21	0	0	No	Yes	N/A	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	0				0.00
[REDACTED]	Y	Y	F-20	F-20	1	0	No	No	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.60			0.60
[REDACTED]	Y	Y	F-17	F-17	4	3	Yes	Yes	FY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	No	[REDACTED]	X	0.55			0.55

Name	F s	Status of Student			Financial Aid			Countable Players			Change in Status		Revenue Dist Date										
		Term First Enrolled																					
		Any Institution	Your Institution	No. of Years financial aid	No. seasons used	Recruited per NCAA Bylaw 13.02.14.1	Recruited per NCAA Bylaw 15.02.8	Period of Award	Amount of Athletics Grant	Amount of Other Countable Aid	Total Countable Aid	Exempt		Full Grant amount	Initial	Overall	Equivalent award	Reason	Date				
						Total						Total			Total			Total					
Squad List Totals						[REDACTED]						[REDACTED]						0 30 11.20			11.20		

Form Completed By: _____ Title: _____

Telephone: _____ Date: _____

Form approved by: _____ Date: _____

Director of Athletics Signature: _____ Date: _____

Head Coach's Signature: _____ Date: _____

Additional Signature: _____ Title: _____

Additional Signature: _____ Title: _____

Required by Bylaw 15.5.10.2. File in director of athletics' office.